



**Malaysian Students' Council of
Australia (MASCA)**



**malaysian
progressives**

**Malaysian Progressives in Australia
(MPOZ)**

Joint Submission to the Royal Commission into Victoria's Mental Health System

Executive Summary

The Malaysian Students' Council of Australia (Victoria State Chapter) (MASCA VIC) and Malaysian Progressives in Australia (MPOZ), who collectively represent more than 30,000 Malaysian international students studying in Australia, have found that although current approaches do highlight the existence and acceptance of mental health conditions, they are insufficient in ensuring those who need help can access it. Many underlying factors unique to international students pose a challenge to ensuring their mental health wellbeing are taken care of. Here, we identify key deficiencies that play a role in the disconnect between international students and support, as well as recommendation to address both systemic and institutional pitfalls contributing to this epidemic.

Preamble

1. Students of typical university age are particularly vulnerable to mental health conditions. Studies over the past decade suggest that around 75% of mental illness onsets before the age of 24, and that as many as 35% of university students experience thoughts of self-harm or suicide at some point in their course¹.
2. What little existing data there is about mental health among international students suggests that anxiety, perceived exclusion due to abuse (in some cases culturally motivated) and sexual harassment and assault (for female students) are the predominant risk factors for international students. A detailed breakdown is available in Rosenthal et al.².
3. Between 2009 and 2015, over 27 suicides involving international students have been identified by the Coroner's Prevention Unit, part of the Coroner's Court of Victoria. Only 22.2% of international students in this suicide cohort utilised mental health services to help with their problems in stark contrast to domestic student at 57%.³.
4. Within the Malaysian student community, student leaders as well as government officials have had to respond to an increasing number of severe mental health

issues, in some cases, even responding to suicide attempts after-hours – this concern has been explained to us through personal experiences recorded in a survey of Malaysian international students and student leaders. (*See Case Studies*)

5. The purpose of this submission is to highlight the current interventions, barriers to access and improvements needed within the international student community.
 - a. First, the submission will highlight successful interventions that promote discussion around the symptoms, available treatments and impacts of mental health;
 - b. Then, the submission will address the background factors which make international students more vulnerable to mental health issues, as well as barriers to intervention and treatment;
 - c. Lastly, the submission will propose systemic and institutional changes to reduce such barriers.

6. This joint submission is prepared by the Malaysian Students' Council of Australia (Victoria State Chapter) and Malaysian Progressives in Australia (MPOZ). We represent over 30,000 Malaysian students who choose Australia as their study destination, with a majority (approximately 13,000) choosing to study in Victoria. **Appendix A** details the role of our individual organisations and contact details.

What has been working

1. The Malaysian student community, in a survey conducted for this submission, noted that public outreach events such as *R U OK? Day* have been effective in highlighting the presence of people suffering from mental health issues in our community. Furthermore, simple interventions by friends, family and peers were found to be effective as checks on mental wellbeing.
2. Some respondents also noted the effectiveness of university-wide mental health campaigns. These campaigns highlight the spectrum of mental health conditions, and where to seek appropriate help or treatment^(CB).
3. While these campaigns were effective in highlighting the existence of these issues, respondents have noted that it has not done much to shift the stigmas surrounding mental health in the international student community. These campaigns only normalise the acceptance of mental health conditions in the university population but fail to create a space where international students feel comfortable identifying as having a mental health need and/or seek help.
4. The disconnect between domestic and international students is compounded by the fact that services and campaigns are rarely inclusive towards international students. Most materials, promotions and interventions are primarily delivered in English, and

run on the assumption that international students enjoy the same access to mental health care as domestic students, which is not the case. In addition, such efforts do not tackle the persistent stigma against mental health issues present within the social circles of many international students.

Factors

1. International students experience a number of impinging factors that make them more vulnerable to experiencing mental health issues:
 - a. Cultural Adaptation – Students are mostly here alone and can struggle to settle down while adapting to a foreign culture;
 - b. Family Pressure – The high cost of education in Australia, including living expenses and rent, places a high expectation on students not to fail;
 - c. Social Identity – Bring uprooted forces the student to rebuild their social networks from scratch;
 - d. Exploitation at Work – International students are victims of systemic underpaying and mistreatment at work, contributing to stress and exhaustion;
 - e. Language Barriers – Articulating feelings and complex emotions is difficult in a foreign language. Language barriers can also discourage international students and locals from mingling, and may be a source of academic stress;
 - f. Racism – affects many non-white international students, especially non-native English speakers or those who are visibly darker-skinned, exacerbated by the government’s ongoing hostile narrative and policies against migration;
 - g. Financial Pressures – Increasing cost of living, especially housing and transport, and the lack of awareness of financial hardship policies and financial counselling;
 - h. Cultural Stigma – There is a taboo in some cultures where mental health is an unspoken issue, because of the perceived shame it brings;
 - i. Academic Pressures – Adapting to a very different new academic system can be difficult for many international students, and academic support in many universities is not equipped to assist this particular transition.

2. This is on top of major drivers that affect the population in general:
 - a. Sexual harassment, assault, and/or abusive relationships
 - b. Gender/sexual identity and lack of support
 - c. Lack of academic support
 - d. Lack of healthcare and welfare support

3. In addition, international students are exposed to factors that discourage or complicate their access to mental health care. These include:
 - a. Visa Uncertainty – There have been cases where students with poor results in university resulting from poor mental health have been compelled to improve their performance in accordance with Department of Home Affairs (DHA)

requirements, or face deportation without recourse. DHA policy is essentially hostile to students suffering from mental health conditions arising from the stress of coming to Australia, and this in turn places even more stress on students who already struggle academically.

- b. Cost – indirect and direct costs associated with mental health treatments drive students away from seeking help. International students have no access to welfare programmes such as Centrelink’s Crisis Payment. Students are also exposed to systematic underpaying at work, high rents and higher university fees. These cost of living pressures make seeking help less accessible as students must choose between earning money to finance their studies or seek treatment. Direct costs in the private sector effectively makes these services inaccessible even with insurance.
- c. Unclear and Inconsistent Insurance Coverage – Mental health issues are not always clearly covered by mandatory OSHC insurance. Most OSHC packages only cover a portion of the costs for a limited number of sessions with a mental health professional per year. Waiting periods for pre-existing conditions mean that students have to wait about 3 to 6 months before their OSHC is able to cover some of the costs of treatment. There is also no guarantee that the relevant medications are covered, which can lead to dangerous ‘rationing’ of medicine.
- d. Inconsistent Provision of Services – Different universities offer different levels of counselling and mental health assistance. Wait times can range from hours to over a month and are effectively inaccessible during the examination season when pressure on students is highest. Some university services are overloaded to the point that students have to rely on the expensive private sector, or an equally overloaded non-profit agency such as Headspace to provide care.
- e. Unclear University Policy on Mental Health – Special consideration procedures in most universities account for near life-threatening mental health issues only. The specific criteria of what mental health conditions constitute grounds for special consideration are unclear and inconsistent between universities. We are also personally aware of one case where mental health needs contributed to a decision by one college to expel a sexual harassment victim, resulting in the unilateral termination of their visa.
- f. Poor Continuity with Treatment in Home Country – The circumstances of the home country may complicate long term treatment programmes for complex conditions. This has implications for the quality of care for these students, as their conditions require regular intervention to ensure that the mental health illness is managed effectively.

- g. Poor Awareness of Mental Health Services and Self-Diagnosis – International students themselves are not always aware of what services are available and are how to identify if they are suffering from a mental health condition. In general, survey respondents wrote that very few international students knew the symptoms of conditions like depression and anxiety, relying largely on the support of close friends to both inform them of these symptoms, as well as advise them to seek further advice from a medical professional.
4. Finally, family members and carers (which in this context can include friendship circles and other international student housemates) are also not acting on information about available mental health services.
- a. Little specific information regarding mental health services is provided during pre-departure briefings, and that information regards only the services available on campus, and does not explain options available outside of campus that are covered by OSHC.
 - b. Information that is provided is aimed at the student personally but is not designed to be able to help them determine if their friends or dependents need help and where they can get it.
 - c. This is especially important because the social circles of mental health patients may include people with culturally naïve stigmas and notions of mental health.

Case Studies (Anonymised)

1. Student X was unaware that he was going through depression and kept telling his friends around him that he was sick and was not getting help because he thought it was a phase. He ended up attempting suicide but fortunately his housemates realised something was amiss and managed to get him to seek professional help from his university. He was working, running student events and studying in university and was struggling with financial issues, all this culminated into him getting burnt out. Without an awareness of the symptoms of mental health illnesses, it led him to depression and attempting suicide. He is currently seeking professional help in his university after much persuasion and with the help of the friends and community around him, he is doing slightly better.
2. Student Y was a transfer student from Malaysia and was going into her second year second semester of university. She was struggling with the fact that she was away from home and did not seek professional help until after much persuasion from friends as she was struggling academically. She is still going through regular counselling at the university and is doing better with the support of her friends and

family. The university has also been helpful with allowing special consideration for semester assignments which has helped her cope with her academics.

3. Student Z has been actively involved in volunteering throughout her university life but unfortunately couldn't cope with overload of work. Struggling between academics and her volunteering experiences causing a major burn out due to always trying to perform well. Her friends and family were completely unaware of her situation as she was completely fine in her academics and she only confided in a few of her friends only and got professional help from the university. However, there is still a lack of support from the faculty to give her permission to underload for a semester, so it gives her space to recuperate so it is still much of a struggle for international students to underload due to university and visa requirements.

Proposed Improvements

1. With reference to the above, we put to the Commission that Victoria's mental health system is in need of significant reform, with a view to drastically improving accessibility for all temporary and permanent residents within the state. We further note that the reforms that will most benefit the large international student community in Victoria are the same ones that will improve accessibility for CALD and economically disadvantaged groups.
2. We propose the following improvements to address key focus areas for the international student community:
 - a. Continue and expand existing mental health awareness campaigns, with specific emphasis on simple, multilingual material targeted at new entrants to universities and the workforce, for the purposes of overturning pre-existing stigmas about mental health;
 - b. Ensure that mental health awareness campaigns explicitly identify the symptoms of common mental health issues especially depression and anxiety, to the extent that the targeted audience can identify these symptoms and productively aid colleagues and classmates in a university or work context;
 - c. Additional schemes, such as providing free Mental Health First Aid Training to members of the community, as well as creating safe spaces in communities where people can come and talk to each other about their problems;
 - d. Integrate these campaigns and materials between students and their respective cultural community and involve trusted community leaders. This will make seeking out mental health less daunting and ensure that students will still receive useful information if they consult with their community first;

- e. Legally mandate that higher education providers:
 - i. Offer a minimum ratio of onsite mental health professionals and counsellors to staff and students;
 - ii. Offer mental health services free at the point of delivery, as they are in schools, and if there are no options available on campus, an external option that is paid for by the university;
 - iii. Ensure that staff providing these services are either multilingual or have access to translation assistance. Staff should also reflect the diversity of university populations by hiring more CALD mental health professionals with ties to their ethnic communities;
 - iv. As a condition of maintaining their accreditation, maintain a wait time for these services of 2 days or less at all times – this should be evaluated by the Department of Health;
 - v. Make whatever arrangements necessary to supply emergency mental health services to all staff and students, without delay and at no cost;
 - vi. Prevent and forbid the unilateral termination of a student’s enrolment and their visa for any reason deriving from a mental health issue, including poor academic performance and attendance. Universities should be actively encouraging students to recuperate and regain their mental health without the threat of suspension or expulsion;
 - vii. Continue to offer language support after the initial bridging programme, at no additional cost, with the option of reduction of study load to adapt to the learning environment and expectations in Victorian universities;
 - viii. Integrate mental health and sexual harassment support services, and offer legal recourse to survivors in the event that their enrolment is unfairly terminated;
 - ix. Explicitly account for mental health issues in their special consideration procedures, including acceptance of diagnoses from GPs with a mental health plan, as well as psychiatrists. Make Special Consideration processes in universities clearer and easy to understand.

- f. Forbid OSHC providers from capping the number of mental health consultations they cover, or institute waiting periods for pre-existing health conditions in general.

- 3. Acknowledging that mental health is a systemic issue affected by other spheres of policy, we further note the need to counter broader socioeconomic factors that are common root causes of the ongoing mental health crisis for international and domestic students alike. We therefore propose the following:
 - a. Guarantee and expand funding for existing not-for-profit mental health services, and put the public health system’s capacity on track to absorb their caseload within the next 10 years;

- b. Guarantee sufficient funding for general welfare and healthcare services which can keep unemployed and underemployed people safe from the stresses that can trigger mental health issues, and challenge attempts by the Federal Government to cut such funding;
- c. Offer international students access to these services where possible, to reduce their reliance on the pay-first model of OSHC insurance;
- d. Cap the indexing of international student fees at inflation, as many are currently indexing beyond inflation (up to 5% per annum) and causing the financial load on students to increase over the course of their studies;
- e. Root out the systematic underpayment of workers in the hospitality industry, which is preventing overworked working students from committing time to seek out and receive mental health treatment;
- f. Resist any policy that would subject migrant communities to undue scrutiny, and thereby inhibit integration and worsen mental health. Examples include the anti-association laws, and random passport checks.

References

1. Browne V, Munro J, Cass J. Under the Radar: The Mental Health of Australian University Students. *JANZSSA-Journal of the Australian and New Zealand Student Services Association*. 2017;25(2):2617.
2. Rosenthal DA, Russell J, Thomson G. The health and wellbeing of international students at an Australian university. *High Educ*. 2006;55(1):51. doi:10.1007/s10734-006-9037-1
3. SBS News. Coroner recommends more support for international students after 27 suicides in six years. SBS News. <https://www.sbs.com.au/news/coroner-recommends-more-support-for-international-students-after-27-suicides-in-six-years>. Published January 14, 2019. Accessed July 5, 2019.

Signatories

On behalf of MASCA,



Scott Loh Lit Feng

On behalf of MPOZ,



Wong Guan Jie



Chandralekha Chandra Segaran



Chong Yoong Wai



Dayne Lee



Suraya Halim

Appendix A

About MASCA

Email: [REDACTED] OR [REDACTED]

Website: <http://vic.masca.org.au/>

Malaysian Students' Council of Australia- Victoria State Chapter or commonly known as MASCA Victoria is one of MASCA National's established state chapters. Based in Melbourne, Australia, the Council consists of 16 council members and 27 executives representing approximately 13,000 Malaysian students in south-eastern state of Victoria in Australia.

MASCA Victoria was formed to present and serve the interests and welfare of the Malaysian student community specifically in Victoria, Australia. It is the umbrella body for 12 Malaysian Student Organizations (MSOs) here in Victoria, uniting all Malaysians here; regardless of their background, students and non-students alike. We strive to foster a strong community between Malaysians here in Victoria, and also with the local community.

MASCA Victoria is the driving force for impactful, innovative and effective initiatives. Through the 5 arms, the necessary resources are pooled and channelled to student-initiated projects, be it about welfare (Welfare), career (MCareer), student advocacy & self-development (MPower), sports (MSports), community service (MInspire) or culture (MCulture). We also organize national-level projects in concert with MASCA National and our state counterparts.

In brief, MASCA Victoria strives to serve the interest and welfare of Malaysian students in Victoria, without forgetting to create a community, where home is never too far away.

About MPOZ

Email: [REDACTED]

Website: <https://www.facebook.com/MPOZAustralia/>

Malaysian Progressives in Australia (MPOZ) is a movement of young Malaysians in Australia who strive for open dialogue of political reform in Malaysia. MPOZ seeks to provide a hands-on political education for Malaysian students studying in Australia, making use of the democratic ecosystem here to give students political literacy and experience in activist organising that can be translated back to Malaysia.

Our mission of political education and participating in community activism both in Malaysia and in Australia leads us to engage with social and policy debates such as the present Royal Commission.

2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

Malaysian Progressives in Australia

Name

Mr Yoong Wai Chong

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

"a. Continue and expand existing mental health awareness campaigns, with specific emphasis on simple, multilingual material targeted at new entrants to universities and the workforce, for the purposes of overturning pre-existing stigmas about mental health; b. Ensure that mental health awareness campaigns explicitly identify the symptoms of common mental health issues especially depression and anxiety, to the extent that the targeted audience can identify these symptoms and productively aid colleagues and classmates in a university or work context; c. Additional schemes, such as providing free Mental Health First Aid Training to members of the community, as well as creating safe spaces in communities where people can come and talk to each other about their problems; d. Integrate these campaigns and materials between students and their respective cultural community and involve trusted community leaders. This will make seeking out mental health less daunting and ensure that students will still receive useful information if they consult with their community first;"

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"a. Continue and expand existing mental health awareness campaigns, with specific emphasis on simple, multilingual material targeted at new entrants to universities and the workforce, for the purposes of overturning pre-existing stigmas about mental health; b. Ensure that mental health awareness campaigns explicitly identify the symptoms of common mental health issues especially depression and anxiety, to the extent that the targeted audience can identify these symptoms and productively aid colleagues and classmates in a university or work context; c. Additional schemes, such as providing free Mental Health First Aid Training to members of the community, as well as creating safe spaces in communities where people can come and talk to each other about their problems; d. Integrate these campaigns and materials between students and their respective cultural community and involve trusted community leaders. This will make seeking out mental health less daunting and ensure that students will still receive useful information if they consult with their community first; Legally mandate that higher education providers: i. Offer a minimum ratio of onsite mental health professionals and counsellors to staff and students; ii. Offer mental health services free at the point of delivery, as they are in schools, and if there are no options available on campus, an external option that is paid for by the university; iii. Ensure that staff providing these services are either multilingual or have access to translation assistance. Staff should also reflect the diversity of university populations by hiring more CALD mental health professionals with ties to their ethnic communities; vi. Prevent and forbid the unilateral termination of a student's enrolment and their visa for any reason deriving from a mental health issue, including poor academic performance and attendance. Universities should be actively encouraging students to recuperate and regain their mental health without the threat of suspension or expulsion; vii. Continue to offer language support after the initial bridging

programme, at no additional cost, with the option of reduction of study load to adapt to the learning environment and expectations in Victorian universities; viii. Integrate mental health and sexual harassment support services, and offer legal recourse to survivors in the event that their enrolment is unfairly terminated; ix. Explicitly account for mental health issues in their special consideration procedures, including acceptance of diagnoses from GPs with a mental health plan, as well as psychiatrists. Make Special Consideration processes in universities clearer and easy to understand. f. Forbid OSHC providers from capping the number of mental health consultations they cover, or institute waiting periods for pre-existing health conditions in general. "

What is already working well and what can be done better to prevent suicide?

"See above for what is working well. Recommendations: Legally mandate that higher education providers: iv. As a condition of maintaining their accreditation, maintain a wait time for these services of 2 days or less at all times this should be evaluated by the Department of Health; v. Make whatever arrangements necessary to supply emergency mental health services to all staff and students, without delay and at no cost; "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"Major drivers that affect the population in general: a. Sexual harassment, assault, and/or abusive relationships b. Gender/sexual identity and lack of support c. Lack of academic support d. Lack of healthcare and welfare support "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"International students experience a number of impinging factors that make them more vulnerable to experiencing mental health issues: a. Cultural Adaptation Students are mostly here alone and can struggle to settle down while adapting to a foreign culture; b. Family Pressure The high cost of education in Australia, including living expenses and rent, places a high expectation on students not to fail; c. Social Identity Bring uprooted forces the student to rebuild their social networks from scratch; d. Exploitation at Work International students are victims of systemic underpaying and mistreatment at work, contributing to stress and exhaustion; e. Language Barriers Articulating feelings and complex emotions is difficult in a foreign language. Language barriers can also discourage international students and locals from mingling, and may be a source of academic stress; f. Racism affects many non-white international students, especially non-native English speakers or those who are visibly darker-skinned, exacerbated by the government's ongoing hostile narrative and policies against migration; g. Financial Pressures Increasing cost of living, especially housing and transport, and the lack of awareness of financial hardship policies and financial counselling; h. Cultural Stigma There is a taboo in some cultures where mental health is an unspoken issue, because of the perceived shame it brings; i. Academic Pressures Adapting to a very different new academic system can be difficult for many international students, and academic support in many universities is not equipped to assist this particular transition. In addition, international students are exposed to factors that discourage or complicate their access to mental health care. These include: a. Visa Uncertainty There have been cases where students with poor results in university resulting from poor mental health have been compelled to improve their performance in accordance with Department of Home Affairs (DHA) requirements, or face deportation without recourse. DHA policy is essentially hostile to students suffering from

mental health conditions arising from the stress of coming to Australia, and this in turn places even more stress on students who already struggle academically.

b. Cost indirect and direct costs associated with mental health treatments drive students away from seeking help. International students have no access to welfare programmes such as Centrelink's Crisis Payment. Students are also exposed to systematic underpaying at work, high rents and higher university fees. These cost of living pressures make seeking help less accessible as students must choose between earning money to finance their studies or seek treatment. Direct costs in the private sector effectively makes these services inaccessible even with insurance.

c. Unclear and Inconsistent Insurance Coverage Mental health issues are not always clearly covered by mandatory OSHC insurance. Most OSHC packages only cover a portion of the costs for a limited number of sessions with a mental health professional per year. Waiting periods for pre-existing conditions mean that students have to wait about 3 to 6 months before their OSHC is able to cover some of the costs of treatment. There is also no guarantee that the relevant medications are covered, which can lead to dangerous rationing of medicine.

d. Inconsistent Provision of Services Different universities offer different levels of counselling and mental health assistance. Wait times can range from hours to over a month and are effectively inaccessible during the examination season when pressure on students is highest. Some university services are overloaded to the point that students have to rely on the expensive private sector, or an equally overloaded non-profit agency such as Headspace to provide care.

e. Unclear University Policy on Mental Health Special consideration procedures in most universities account for near life-threatening mental health issues only. The specific criteria of what mental health conditions constitute grounds for special consideration are unclear and inconsistent between universities. We are also personally aware of one case where mental health needs contributed to a decision by one college to expel a sexual harassment victim, resulting in the unilateral termination of their visa.

f. Poor Continuity with Treatment in Home Country The circumstances of the home country may complicate long term treatment programmes for complex conditions. This has implications for the quality of care for these students, as their conditions require regular intervention to ensure that the mental health illness is managed effectively.

g. Poor Awareness of Mental Health Services and Self-Diagnosis International students themselves are not always aware of what services are available and are how to identify if they are suffering from a mental health condition. In general, survey respondents wrote that very few international students knew the symptoms of conditions like depression and anxiety, relying largely on the support of close friends to both inform them of these symptoms, as well as advise them to seek further advice from a medical professional. "

What are the needs of family members and carers and what can be done better to support them?

"Family members and carers (which in this context can include friendship circles and other international student housemates) are also not acting on information about available mental health services.

a. Little specific information regarding mental health services is provided during pre-departure briefings, and that information regards only the services available on campus, and does not explain options available outside of campus that are covered by OSHC.

b. Information that is provided is aimed at the student personally but is not designed to be able to help them determine if their friends or dependents need help and where they can get it.

c. This is especially important because the social circles of mental health patients may include people with culturally nave stigmas and notions of mental health. "

What can be done to attract, retain and better support the mental health workforce,

including peer support workers?

N/A

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

"Acknowledging that mental health is a systemic issue affected by other spheres of policy, we further note the need to counter broader socioeconomic factors that are common root causes of the ongoing mental health crisis for international and domestic students alike. We therefore propose the following: a. Guarantee and expand funding for existing not-for-profit mental health services, and put the public health system's capacity on track to absorb their caseload within the next 10 years; b. Guarantee sufficient funding for general welfare and healthcare services which can keep unemployed and underemployed people safe from the stresses that can trigger mental health issues, and challenge attempts by the Federal Government to cut such funding; c. Offer international students access to these services where possible, to reduce their reliance on the pay-first model of OSHC insurance; d. Cap the indexing of international student fees at inflation, as many are currently indexing beyond inflation (up to 5% per annum) and causing the financial load on students to increase over the course of their studies; e. Root out the systematic underpayment of workers in the hospitality industry, which is preventing overworked working students from committing time to seek out and receive mental health treatment; f. Resist any policy that would subject migrant communities to undue scrutiny, and thereby inhibit integration and worsen mental health. Examples include the anti-association laws, and random passport checks. "

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

See recommendations above.

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

N/A

Is there anything else you would like to share with the Royal Commission?

"Anonymised case studies of international student response to mental health issues is supplied in the full submission attached, from which the answers given here are also derived"